vn. Copies of contribution forms from Gabbard campaign donors

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

ELLEN ABI	ZAMS	
Name		•
Address		C. 774
City	Sta	96/34 le Zip
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Occupation* SAUS REP	Employer*	
Phone	Cell Phone	
Fax	E-mail	
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5) I am at least 18 years of age.	rd or a credit balle is	sada to anyone ose.
- Ellen Ols	Jamo	-
Signature		
Federal Election law requires Friends of Gal	bard to report the name	, mailing address, occupation

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Please complete and fax back to: (808) 261-5331.

NAME	Harry		
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OCCUPATION	N PHYSIC	ukn	
ADDRESS.	-1	. جي	·
CITY_UA	1PAHU	STATE_#1 ZIP 96	797
Contribution A	vmount (check or c	redit card) \$ 2,000.00)

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature de the leas

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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	able to: Friends of Gabbard	
Anya Anthony	1	
Name		
	PO.Box 1833	
Address Kailing Hl 96	(734	
City	State Zip	
Homemaker		
Occupation*	Employer D.	
Phone	Cell Phone	
Fax	١	
Amount of Contribution:		
□ \$5 □ \$10 □ \$25 □ \$50 · □	\$100 ET \$250 -ET Other	
Federal laws limit contributions to \$2,000		
The state of the s	rring contribution	
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Contribution for: ☐ Primary Election [
please check primary election. If over \$2,000 check both primary and general)		
Select Payment type: ☐ Check ☐ V	isa ☐ Mastercard ☐ Amex ☐ Discover	
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Send this page with a check check via US mail	to:
Mike Gabbard Congress	

305 Hahani Street #183 Kailua, HI 96734 Please make cheeks payable to: Mike Gabbard Congress **EMPLOYER** OCCUPATION HOME PHONE OFFICE PHONE FAX. EMAIL Contribution Amount (check or credit card) \$ 1,266.00 Please check one: Contribution for X Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type: Visa Mastercard Amex Discover Credit Card Number manth Expires Signature I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of age.

Signature Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name

of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Please complete and fax back to: (808) 261-5331.

NAME_TODD APD
EMPLOYER KO OCINA COMMUNITY ASSOC.
OCCUPATION UP - CORP. OPERATIONS
ADDRESS
CITY KAPOLES STATE HI ZIP 96707

Contribution Amount (check or credit card) 5

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

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Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes,

Please include file from with a chack and send to 250 Contribute to

FROM :

At confirm that the following statements are true and accurate:

1) I same United States citizen or a parament resident aften.

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Tederal Bittiton law requires Friends at Gebbard to report the same, mailing address, occapation and name of employer for each indictant whose contributions aggregate in excess of \$216 is a calendar year. Your contribution will be used in connection with Federal elections and is analysed to the Irains and publishings of the Federal Eaction Campaign Act. Cambibutions or gits to Friends of Cabberd are not deductible for federal beans fax purposes.

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Tel: (305) 283-2888

FAX NO. :8082614744

Contribute to Mike!

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Occupation	Employer
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*Federal Election law requires Fitheris et Gabbard in report the name, mailing address, competion and name of employer for each individual whose contributions aggregate the servers of \$200 fm a calandar year. Your constitution will be used in commercion with Federal elections and is subject to the limits and prohibitions of the Federal Election Cempation Act. Contributions or gills to Friends of Gabbard sea and deductible to redeat Election tax purposes.

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Tek (808) 263-2888

Send this page with a check check via US mail to:

Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress NAME TOP PLSDO:
EMPLOYER Self
address POBOX 4145
ADDRESS POBOX 4145
CITY Kaneone STATE HI ZIP 96744
HOME PHONE
OFFICE PHONE
FAX
EMAIL_
Contribution Amount (check or credit card) \$ 665.00
Please check one: Contribution for X Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
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Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age.
Signature funding
Federal Election law requires Mike Gebbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.
Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

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Christine Prod	
Name	
Address	
Kailua	H1 96734
City Hans Makar	State Zip
Occupation*	Fmployer*
Phone	Cell Phone
Fax	E-mail
Amount of Contribution:	# 22 -
□\$5 □\$10 □\$25 □\$50 _□ □\$	100 \$250 Other 2200
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3) I am not a federal contractor. 4) I am making this contribution on my own with a corporate or business credit card or	personal check or credit card and not
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Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

, , make checks	payable to: Friends of Gabbard
Michael Band	
Name	
P.O. Bax 430	
Address	111 61711
ta, lha	17 46/39
Granding Designer	5 If the level
Occupation*	Employer
Phone	Cell Phone
Fax	E-mail
Amount of Contribution:	12261
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Federal laws limit contributions to \$	2,000 per election for each individual.
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	er \$2,000 check both primary and general)
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I am not a federal contractor.	
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	card or a credit card issued to anyone else.
5) I am at least 18 years of age.	
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Signature	

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	BOSGRA
Name '	
	un Hi 96825
RET	State Zip
Occupation*	Employer*
Phone	Cell Phone
ax	E-mail
☐ One time contribution	
please check primary elec	nary Election
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Friends of Gabbard 305 Hahani Street #183Kailua, HI 96734
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Make checks payable	e to: Friends of G	abbard	
RONAL BOYER			
P.o. Box 61748			
P.o. Box 61748 Addross Howolds	HI	96839 City (ours.)	
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Occupation.	Employor	(175) (185)	
Phone	Cell Phone		
Fax	E-mail		
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2) I am making this contribution from my ov	wn funds, and not	those of another.	
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5) I am at least 18 years of age.			
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*Federal Election law requires Friends of Gabbard to report suctioning, regalling address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734 Please make checks cayable to: Mike Gabbard Congress
NAME

| Congress | Congr EMPLOYER **OCCUPATION ADDRESS** STATE HI ZIP 988 ondulu HOME PHONE Same. OFFICE PHONE Contribution Amount (check or credit card) -\$----3, 600 Contribution for Primary Election General Election Please check one: (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Check Visa Mastercard Amex Discover Circle Payment type: Credit Card Number Expires _____month ____year Signature I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.

Send this page with a check check via US mail to:

Signature

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Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734	
Please make checks payable to: Mike Gabbard Congress NAME	
EMPLOYER Self / D.A. Bull	,
OCCUPATION Manufacturing / Distribution	
ADDRESS	
CITY Howalulu STATE HE ZIP 9683	
HOME PHONE	e er
OFFICE PHONE	•
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ontribution Amount (check or credit card) \$ 4,000.	
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I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature	
Federal Election law requires Mike Gabbard Congress to report the name, ma of employer for each individual whose contributions aggregate in excess of \$20	

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leral Election Campaign Act.

Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183Kailua, HI 96734

NAME MATER M. CARDINET
EMPLOYER SELF
OCCUPATION INSURANCE & INVESTMENTS
ADDRESS_
CITY SAN JOSE STATE CA ZIP 95112
HOME PHONE
OFFICE PHONE (408) 487-9900, x-260
FAX (408) 487-990/ EMAIL
Contribution Amount check or credit card) \$ 1,000,00 \$ 42,000
Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
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I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another.
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate
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5) I am at least 18 years of age.
Signature Wally Mallants
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employer for each individual whose commoutons aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

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Please print and fax this page to: 808-261 5331

NAME Katherine R. Carino		• •
EMPLOYER		
employer retired		
OCCUPATION		
ADDRESS	· 5	•
CITY San Francis Co STATE CA ZIP 94112		· ` ··i · ;
HOME PHONE		
OFFICE PHONE		
FAXEMAIL		
Contribution Amount (check or credit card) \$		
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4) I am making this contribution on my own personal check or credit card and not with our business credit card or a credit card issued to anyone else.	a corpor	ate
5) I am at least 18 years of age.		
Signature R. Grino		
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Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of the employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or grits to Gabbard for Congress are not deductible for federal income tax purposes.

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Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard Addre Occupa Employer* Phone **Cell Phone** Fax E-mail **Amount of Contribution:** □ \$5 □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 🗗 Other 1, 0 ≥ 0. 0 ≥ Federal laws limit contributions to \$2,000 per election for each individual. **,**□ One time contribution □ Recurring contribution Contribution for: Primary Election General Election(If less than \$2,000 please check primary election. Jf over \$2,000 check both primary and general) Select Payment type: Defined I Visa Mastercard Amex Discover Card Number **Expiration**

confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
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- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

FROM:

, 2004 00.1 p. 1

Please complete and fax back to: (808) 261-5331

NAME Edward Cervanter

EMPLOYER Vertic Inc

OCCUPATION Customer Service Rep

ADDRESS

CITY Alico Viego STATE CA ZIP 92656

Contribution Amount (check or credit card) \$ 4000.00

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

EILEEN CERVA	NTFS
Name	
Address ALISO VIEJO City	CA 92656 State Zip
Occupation*	Employer*
Phone	Cell Phone
Fax	E-mail
Amount of Contribution: ☐ \$5 ☐ \$10 ☐ \$25 ☐ \$50 ☐ \$1 Federal laws limit contributions to \$2,000 p ☐ One time contribution ☐ Recurri	
Contribution for: ⊠Primary Election ⊠ please check primary election. If over \$2,00 Select Payment type: ☐ Check ☐ Visa	00 check both primary and general)
Card Number	Expiration
I confirm that the following statement 1) I am a United States citizen or a perman 2) I am making this contribution from my ov 3) I am not a federal contractor. 4) I am making this contribution on my own with a corporate or business credit card or 5) I am at least 18 years of age.	ent resident alien. vn funds, and not those of another. personal check or credit card and not
Elle a. Bishop - Ca Signature	£
*Federal Election law requires Friends of Gabbard to and name of employer for each individual whose co calendar year, Your contribution will be used in con-	ntributions aggregate in excess of \$200 in a

the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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	• • • •	<u>s</u>	ARAH CHANDE
Name	PO BOX 462	7	•
Address	HONOLULU	H1	96817
City	MUSEKEEPER	State	Zip ELF
Occupation	n* Em	plover* .	
Phone	C	ell Phone	-
Fax	E-	mail	
Federal la One to Contribu please ch	□ \$10 □ \$25 □ \$50 □ \$100 aws limit contributions to \$2,000 per e ime contribution □ Recurring cation for: ☑ Primary Election □ Geneck primary election. If over \$2,000 cayment type: ☑ Check □ Visa □	lection for eac ontribution eral Election(l heck both prir	th individual. If less than \$2,000 mary and general)
Card Numb	ber		Expiration
	irm that the following statements ar		
•	United States citizen or a permanent		
•	aking this contribution from my own fu ot a federal contractor.	ings, and not	those of another.
•	aking this contribution on my own per	sonal check o	r credit card and not
	porate or business credit card or a cre	edit card issue	ed to anyone else.
5) I am at	least 18 years of age. Mah Chandly ture		
and name of calendar ye the limits an	ection law requires Friends of Gabbard to report of employer for each individual whose contributer. Your contribution will be used in connection prohibitions of the Federal Election Campae on the deductible for federal income tax purpo	utions aggregate on with Federal e aign Act. Contrib	in excess of \$200 in a elections and is subject to

Tel: (808) 263-2888

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Please Print and send this page with a check via US mail to:

44

Friends of Gabbard 305 Hahani Street #183 Kailua, HI 96734

Please make checks payable to: Friends of Gabbard

NAME Patricia Compton
EMPLOYER Med Ware, INC.
OCCUPATION medical transcriptionist
ADDRESS
CITY Clarkdale STATE AZ ZIP 86324
HOME PHONE
OFFICE PHONE-N/a
FAX (928)634-0854 EMAIL
Contribution Amount (check or credit card) \$ 4000 -
Contribution for Primary Election General Election(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another.
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age.
Signature Patricia Complen
Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.
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C 10 4 10 0 0 4

Please include this form with a check and send to: Friends of Gabbard, 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard Name Addres City Occupation Phone Cell Phone Fax E-mail **Amount of Contribution:** Federal laws limit contributions to \$2,000 per election for each individual. ☐ One time contribution □ Recurring contribution Contribution for: Primary Election General Election(If less than \$2,000 please check primary election. If over \$2,000 check both primary and general) Select Payment type: ☑ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover **Card Number** Expiration ☑ I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Please include this form with a check and send to:

Friends of Gabbard, 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard Address State City Occupation **Employer** Cell Phone Phone Fax E-mail **Amount of Contribution:** □ \$5 □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 □ Other Federal laws limit contributions to \$2,000 per election for each individual. □ Recurring contribution **N**∕One time contribution Contribution for: Primary Election General Election(If less than \$2,000 please check primary election. If over \$2,000 check both primary and general) Select Payment type: ☑ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover **Card Number** Expiration r⊠I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature

*Federal Election law requires Friends of Gabbard to report the name, mailing addross, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Mike Gabbard Congress 305 Hahani Street #183 Kailua, Hl 96734

Please make checks cayable to: Mike Gabbard Congress NAME
EMPLOYER. Self-Employed
OCCUPATION Jeweley Designer
ADDRESS_
CITY Kenau STATEHI ZIP 96749
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$ 2,000.00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
*Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name
of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Name 1/20 Cound	かろ
Address D. BOX	1979
City Karturer Hi	State Zip
Opcupation*	Employer*
Phone:	Cell Phone
Fax ⁻	E-mail
Federal laws limit contributions to	50 \$100 \$250 Other OS \$2,000 per election for each individual. Recurring contribution
please check primary election. If	ection General Election(If less than \$2,000 over \$2,000 check both primary and general) k Visa Mastercard Amex Discover
Card Number	Expiration
	statements are true and accurate:
1) I am a United States citizen or	•
2) I am making this contribution fi3) I am not a federal contractor.	rom my own funds, and not those of another.
	on my own personal check or credit card and not
	lit card or a credit card issued to anyone else.
5) I am at least 18 years of age.	بار الم
Signature	**************************************
and name of employer for each individu calendar year. Your contribution will be	of Gabbard to report the name, mailing address, occupation all whose contributions aggregate in excess of \$200 in a used in connection with Federal elections and is subject to all Election Campaign Act. Contributions or gifts to Friends of income tax purposes.
Paid for by Friends of Gabbar	d Tel: (808) 263-2888

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A	ayable to. Friends of Gabbard
Name Bill+ Kelly Da	015
Address Moluke	. –
Address Moline City Self employed Occupation*	State IL Zip GIZLAS
Occupation*	Employer*
Phone 309 764-2823	Cell Phone
Fax	E-mail
Federal laws limit contributions to \$2 One time contribution Recontribution for: Primary Election Please check primary election. If over	ecurring contribution on 🔀 General Election(If less than \$2,000 er \$2,000 check both primary and general) Usa Mastercard Amex Discover
Card Number	Expiration
 3) I am not a federal contractor. 4) I am making this contribution on n with a corporate or business credit of 5) I am at least 18 years of age. 	nermanent resident alien. In my own funds, and not those of another. In my own personal check or credit card and not are
Helly Durs	Sign Here
*Federal Flection law requires Friends of G	abbard to report the name mailing address occupation

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Nov 10 04 10:40a

EPPERSON

PAGE 02

50

Please complete and fax back to: (808) 261-5331.

NAME Namy Eppe 15 on

EMPLOYER SCHOOL STATE NC ZIP 27164

Contribution Amount (check or credit card) \$ 1,000

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of age.

Signature ____

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Send this page with a check check via US mail to:
Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734
Please make checks cayable to: Mike Gabbard Congress NAME SOOT FORGUSSOO
EMPLOYER BIZCON CONSULTING
OCCUPATION BOOKY DEPER
ADDRESS
CITY Kailua STATE HI ZIP 96734
HOME PHONE
OFFICE PHONE
FAX .
EMAIL
Contribution Amount (check or credit card) \$ 500 00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
*Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident afien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business
credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
LIWAU ~

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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-7769 808-

Please complete and fax back tox (808) 261-5331.

CHESTING CAMP FREDWAN NAME OCCUPATION **ADDRESS** Honolulu ZIP 96813 Contribution Amount (check or credit card) \$

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of age.

Signatur

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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53° COT per bled
end this page to:
Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734
NAME_ TOSTER Triess
EMPLOYER TIESS ASSOC
OCCUPATION Chairman
ADDRESS PO BOX 9790
CITY JACKSON STATENY ZIP 83002
HOME PHONE
OFFICE PHONE (307) 739-9699
FAX (307) 734-1971
EMAIL
Contribution Amount (check or credit card) \$
Please check one: Contribution for Primary Election General Election If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and eneral election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
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Signature 16st at thes
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 19 years of age. Signature Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your
contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.
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54

Please print and fax this page to 808-261 5331

Gabbard for Congress 305 Hahani Street #183Kailua, HI 96734

NAME Carol Gabbard
EMPLOYER <u>Self employed</u>
OCCUPATION
ADDRESS P.O. BOX 75457
CITY Kapolei STATE H1 ZIP 96707
HOME PHONE
OFFICE PHONE 808 375-5188
FAXEMAIL
Contribution Amount (check or credit card) \$
Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear Signaturemonthyear
I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another.
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age.
Signature aroff Sabbara
Federal Election law requires Gabbant for Congress to report the name motions outline outlines at the name

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Compaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

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Gabbard for Congress 305 Hahani Street #183Kailua, HI 96734

NAME BHAKEN GABBARD
EMPLOYER HOLLDAY PHOTO
OCCUPATION STOKE MER
ADDRESS
CITY San Francisco STATE CA ZIP 94112
HOME PHONE
OFFICE PHONE 415 885-2417
FAX 415 885-2461 EMAIL
Contribution Amount (check or credit card) \$
Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear SignaturePShah: \frac{1}{2}
I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age. Signature Bhuh Sull
Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes. Paid for by Gabbard for Congress

p.2

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Gabbard for Congress 305 Hahani Street #183Kaılua, HI 96734

NAME_Mike Gabbard
EMPLOYER City & County of Honoluly
OCCUPATION City Councilman
ADDRESS PO. PSOX 75457
CITY Kapolei STATE +11 ZIP 96707
HOME PHONE
OFFICE PHONE 741-94-15
FAXEMAIL
Contribution Amount (check or credit card) \$
Circle Payment type
Check Visa Mastercard Arnex Discover
Credit Card Number
Expires month year
Signature the Xabbu
I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age.
Signature / Mus Hawa
Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes. Paid for by Gabbard for Congress

Federal Election Campaign Act.

Send this page with a check check via US mail to: Mike Gabbard Congress 305 Hahani Street #183 Kallua, HI 98734 Please make checks payable to: Mile Gabbard Congress OCCUPATION **ADDRESS** STATE 14 ZIP 968-13 CITY HOME PHONE OFFICE PHONE FAX -EMAIL Contribution Amount (check of credit card) \$_ General Election Contribution for Primary Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Check Visa Mastercani Amex Discover Circle Payment type: Credit Card Number _month Expires Signeture I confirm that the following statements are true and accurate: 1) I am a United States clizen or a permanent resident aften.
2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signisture Federal Election law requires Mike Galobard Congress to report the name, making address, occupation and name of eraployer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the

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Send this page with a check check via US mail to:	
Mike Gabbard Congress 305 Hahari Street #183 Kalius, Hi 95734	•
Please make checks payable to: Mile Galdenid Compress NAME Rasika D. Gleason	
EMPLOYER Castle Medical Ctr.	
OCCUPATION Fitness Instructor	
ADDRESS,	
CITY Honolulu STATE HI DP 96813	
HOME PHONE	Annual Control of the
OFFICE PHONE	•
FAX.	
EMAR	
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Please check one: Contribution for X Primary Election General Election \$2,000 please check primary election. If contributing over \$2,000 general election) Circle Payment type: Check Visa Mestercard Amex Discover	iction I please check both primary and
Credit Card Number	•
Expiresyear	·
Signature	
I confirm that the following statements are true and accurate: 1) I am a United States officer of a parmenent resident after. 2) I am realing this confidution from my earn funds, and set these of ancimer. 3) I am real a following configurator.	
4) I am making this contribution on my own personal check or credit card and a credit card or a credit card issued to anyone size. 5) I am at least 18 years of age.	ing what a couldcase or prisidese
THEY I CAN UT A CHECK CHIEF BELLEVE IN SERVICES CIRCS	ing and a collecting or prisidesia
Signature Resident Systems of age. Signature Resident Signature Resident Congress to report the name, mail of employer for each individual whose constitutions appreparate in excess of \$20 contribution will be used in connection with Engage destiling and in excess of \$20 contribution will be used in connection with Engage destiling and in excess of \$20 contribution will be used in connection with Engage destiling and in excess of \$20 contribution will be used in connection with Engage destiling and in excess of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection with the engage of \$20 contribution will be used in connection will be used to be used to the engage of \$20 contribution will be used to b	ing address, occupation and nam
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Paid for by lifting Oakbard Congress

Contribute to Mike!

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

CHRIS HARW	FY	
Name		
i 		
Aduress KAIWA	14 067714	
City	State Zip	
	•	
Occupation*	Employer*	
Phone	Cell Phone	
Fax	É-mail	
	☐ \$100 ☐ \$250 ☐ Other \$2,000 per election for each individual. Recurring contribution	
Contribution for: Primary Flect	tion General Election(If less than \$2,000	
	ver \$2,000 check both primary and general)	
•	☐ Visa ☐ Mastercard ☐ Amex ☐ Discover	
Coloct dyman syper Collock		
Card Number	Expiration	
☑I confirm that the following sta	atements are true and accurate:	
1) I am a United States citizen or a		
•	m my own funds, and not those of another.	
3) I am not a federal contractor.		
4) I am making this contribution on my own personal check or credit card and not		
•	card or a credit card issued to anyone else.	
5) I am at least 18 years of age.	•	
PmA		
Signature		

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Cc itribute to Mike!

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JOSH HARVEY		
Name		
Address CARMICHAEL	CA 95608	
City Wholesale Marketina	State Zip	
	nployer*	
Phone (Cell Phone	
Fax E	-mail	
Amount of Contribution: \$5 \$10 \$10 \$25 \$50 \$100 \$250 \$250 \$20ther \$4000 Federal laws limit contributions to \$2,000 per election for each individual. One time contribution \$\text{Recurring contribution}\$		
Contribution for: ☑ Primary Election ☑ General Election(If less than \$2,000 please check primary election. If over \$2,000 check both primary and general) Select Payment type: ☑ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover		
Card Number	Expiration	
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien.		
2) I am making this contribution from my own (inde and not those of another	
3) I am not a tederal contractor	ariab, aria not aroco or anomon.	
3) I am not a federal contractor.4) I am making this contribution on my own pe	·	
4) I am making this contribution on my own pe with a corporate or business credit card or a c	rsonal check or credit card and not	
4) I am making this contribution on my own pe	rsonal check or credit card and not	
4) I am making this contribution on my own pe with a corporate or business credit card or a c 5) I am at least 18 years of age.	rsonal check or credit card and not redit card issued to anyone else. eport the name, mailing address, occupation butions aggregate in excess of \$200 in a lion with Federal elections and is subject to baign Act. Contributions or gifts to Friends of	

Cc itribute to Mike!

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

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MICHAEL HAR	VEY
Name	,
Address	
HILO	H1 96720
City	State Zip
Sole Proprietor	Healing Non1
Company	Chiployer
Phone	Cei Phone
Fax	E-mail
Federal laws limit contributions to \$2,000	\$100 \$250 Other \$4000 per election for each individual. ring contribution
Contribution for: ☑Primary Election ☑ please check primary election. If over \$2, Select Payment type: ☑Check ☑ Vi	
Card Number	Expiration
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1) I am a United States citizen or a perma	
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REGAN H	†ATCH
Name	
Address KAILUA	H1 96734
City	State Zip
Occupation*	Employer* 1808\291-5994
Phono	Cell Phorie
Fax	E-mail
Federal laws limit contributions Cone time contribution	
please check primary election.	Election
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1) I am a United States citizen 2) I am making this contribution 3) I am not a federal contractor 4) I am making this contribution	n from my own funds, and not those of another. I on my own personal check or credit card and not edit card or a credit card issued to anyone else.
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and name of employer for each individual calendar year. Your contribution will t	is of Gabbard to report the name, mailing address, occupation idual whose contributions aggregate in excess of \$200 in a seed in connection with Federal elections and is subject to eral Election Campaign Act. Contributions or gifts to Friends of

Gabbard are not deductible for federal income tax purposes.

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□ \$100 □ \$250 Ø Other \$ 700.00 Select Payment type:

Check

Visa

Mastercard

Amex

Discover Contribution for: Primary Election General Election(If less than \$2,000 olease check primary election. If over \$2,000 check both primary and general) Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Federal laws limit contributions to \$2,000 per election for each individual. Please include this form with a check and send to: Make checks payable to: Friends of Gabbard ☐ Recurring contribution Cell Phone Employer* E-mail □ \$25 □ \$50 ome Maker ☐ One time contribution Amount of Contribution: Phone Æ

Card Number Expiration

SJ confirm that the following statements are true and accurate:

-) I am a United States citizen or a permanent resident alien.
- I am making this contribution from my own funds, and not those of another.
 - 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- l am at least 18 years of age.

Clonetime

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Tel: (808) 263-2888

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Mike Hinchey	
Honolulu 1/1 96822 yelf-Employed Transportational Service	 CES
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x E-mail	
\$5 \$10 \$25 \$50 \$100 \$250 Other 1,000 0 oderal laws limit contributions to \$2,000 per election for each individual. One time contribution Recurring contribution Ontribution General Election (If less than \$2,000 oderated by the check primary election. If over \$2,000 check both primary and general) elect Payment type: Check Visa Mastercard Amex Discovered contribution One of the check Visa Mastercard Amex Discovered contribution One of the check Visa Mastercard Amex Discovered contribution One of the check Visa Mastercard Amex Discovered contribution One of the check Visa Mastercard Amex Discovered contribution One of the check Visa Mastercard One of the check Visa Mastercard One of the check Visa Mastercard One of the check Visa One of the check Visa Mastercard One of the check Visa One of the check One of the check Visa One of the check One of the check	
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Mike Gabbard Congress 305 Hahani Street #183 Kailua, Hl 96734

Please make checks payable to: Mike Gabbard Congress NAME
EMPLOYER SELF EMPLOYED
OCCUPATION HOUSE KPEPER
ADDRESS PO BOX 1916
CITY KAILUA STATE H ZIP 96734
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$ 2,805 00
Please check one: Contribution for X Primary Election X General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another.
3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business
credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
Signature Allien Hor
Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act

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260 142145

Please complete and fax back to: (808) 261-5331.

credit card or a credit card issued to anyone else.

-5) I am at least 18 years of age.

Signature

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NAME STEVEHOLCK	
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OCCUPATION	
ADDRESS.	
CITY Papoles STATE HS ZIP 96707	
Contribution Amount (check or credit card) \$	
I confirm that the following statements are true and accurate:	
1) I am a United States citizen or a permanent resident alien.	
2) I am making this contribution from my own funds, and not those of another.	
3) I am not a federal contractor.	

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4) I am making this contribution on my own personal check or credit card and not with a corporate or business

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2604142146

Please Return to Mike Gabbard's Campaign fax line at

261-5331

Contribute to Mike!

Please include this form with a check and send to:

Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard TOSIA HOSOAA
Name
Kailua HI 96/34
Viban Planner Gentry Homes, Ltd
(202) 479-9627
(808)599-8380 Call Phone
Fax Contract
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One time contribution
Contribution for: Primary Election (General Election(If less than \$2,000 please check primary election, If over \$2,000 check both primary and general)
Select Payment type: A Check Visa Mastercard Arnex Discover
Card Number Expiration
☐ I confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.2) I am making this contribution from my own funds, and not those of another.
3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not
with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
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- John Horde

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Signature

Federal Election Campaign Act.

Mike Gabbard Congress 305 Hahani Street #183 Kaliua, Hi 96734

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of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the

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Charles Jones

(Campaign still waiting to receive contribution form.)

Kim Kandels

(Campaign still waiting to receive contribution form.)

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Address KA OoLET	[] 96707 State Zip	
DETIRETO /		
Occupation 674 - 8728 Employe	H [*]	
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Fax E-mail	-	
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I am not a federal contractor.		
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Send this page to:
Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734
NAME_Shalie Kibler
EMPLOYER Self employed
OCCUPATION Photograpler
ADDRESS PO Box 1916
CITY Kailua STATE HI ZIP 96734
HOME PHONE
OFFICE PHONE Same -
FAX
EMAIL
Contribution Amount (check or credit card) \$ 4000.00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and heral election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
Signature (Mule Moder 3-15.04
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	Send this page with a check check via US mail to:	
	Send this page with a check check via US frame by: Mike Gabbard Congress 305 Hahari Street #183 Kaikin Hi 96734	
	Please make checks residue to: Mike Gabbard Congress NAME	
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Mike Gabbard Congress
305 Hahani Street #183

Kailua, HI 96734
Please make checks payable to: Mike Gabbard Congress NAME
EMPLOYER RESCARCH CENTER HAWAII
OCCUPATION PERSONAL ASSISTANT
ADDRESS.
CITY HONOLULU STATE HI ZIP 96822
HOME PHONE
OFFICE PHONE
FAX_
EMAIL
Contribution Amount (check or credit card) \$
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type: Check Visa Mastercard Amex Discover
*Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
Signature Carof Lent
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2) I am making this contribution from my own funds, and not those of another.					
3) I am not a federal contractor.					
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Please make checks payable to: Mike Gabbard Congress NAME
EMPLOYER SELF EMPLOYED
OCCUPATION SALVES/STOCKS/PENTIALS
ADDRESS_
CITY KAILUA STATE 191 ZIP 96734
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$_2200.
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
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Federal Election law requires Mike Galabard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your

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Name				
AMONDA LOWTHET	R			
Address				
City ICAILO/A	State Zip ith 96734			
Occupation* Mother	Employer*			
Phone	Cell Phone			
Fax	E-mail			
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I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien.				
2) I am making this contribution from my own funds, and not those of another.3) I am not a federal contractor.				
4) I am making this contribution on my own personal check or credit card and not				
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5) I am at least 18 years of age.				
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KICHA	RD LOWTHER			
Name				
Address KAILL	A HI 96734			
City Stock	Tradar Solvana almid			
Occupation*	Employer*			
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	Mike Gabbard Congress 305 Hahahi Street #183 Kailva, Hi 96734		
	Please make checks payable to: Mike Gabbard Congres	s	
	EMPLOYER Self-employed		
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	I confirm that the following statements are true and accurant 1) I am a United States citizen or a permanent resident after 2) I am making this contribution from my own funds, and n	en.	
	3) I am not a federal contractor.4) I am making this contribution on my own personal check	or credit cand and not with a comprate	or husiness
	credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.		0. 500000
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	Federal Election law requires Mike Gebbard Congress to re of employer for each individual whose contributions aggress contribution will be used in connection with Federal election	ate in excess of \$200 in a calendar year	r. Your
•	Federal Election Campaign Act.	1	
_	Contributions or gifts to Mike Gabbard Congress are not de	eductible for federal income tax purpose	S.

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Sand the shock check via US mak to:
Milya Gilipard Congress
Mike Gispert Congress 305 Hallori Street #1 #8 Kellun, 99734
Please checks cavable to: ***********************************
Please to checks payable to: Management Goograms NAME DOOKS U.S. C.U.V.
BURGER Retired
OCCUPTION
ADDRESS
A. C.
CITY ROAL STATE 141 DP 76749
HONE SONE
OPFICE HOME
FAX
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Contribin Amount (check or credit card) \$ 2,000.00
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Circle if ment type: Check Visa Mestercerd Amex Discover Credit of Mumber

	Send this page to:
	Mike Gābbard Congress 305 Hahani Street #183 Kailua, HI 96734
	NAME ROUNA McGIVIRE
	EMPLOYER Retired
	OCCUPATION
	ADDRESS
	CITY Keaau STATE H ZIP 96749
	HOME PHONE
	OFFICE PHONE (808) 646-647/
	FAX
Ç	EMAIL_
0	Contribution Amount (check or credit card) \$ 1,000 00 42,000
`` '`` '`\	Please check one: Contribution for X. Primary Election General Elect
	Circle Payment type: Check Visa Mastercard Amex Discover
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	Signature
	I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
^	Signature One Michigan
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	of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.
	Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.
	Paid for by Mike Gabbard Congress

Please complete and fax back to: (808) 261-5331.

NAME FRANCIS MARTIN
EMPLOYER TSR
OCCUPATION MUNUALL
ADDRESS
CMY HONOLUIL STATE HI' ZIP 96813
Contribution Amount (check or credit card) \$

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

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Signature

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Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard Addr t-mail **Amount of Contribution:** □ \$5 □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 ★Other Federal laws limit contributions to \$2,000 per election for each individual. Recurring contribution One time contribution Contribution for: ☐ Primary Election ☐ General Election(If less than \$2,000 please check primary election. If over \$2,000 check both primary and general) Select Payment type: ☐ Cfleck ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover Expiration **Card Number** ☑I confirm that the following statements are true and accurate: 1) am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age *Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Tel: (808) 263-2888

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City State Zip City Home Maker Occupation* Employer* Phone Cell Phone Fax E-mail Amount of Contribution:				
Address KAILUA State Zip City Home Maker Occupation* Employer* Phone Cell Phone Fax E-mail Amount of Contribution:				
City State Zip City Home Maker Occupation* Employer* Phone Cell Phone Fax E-mail Amount of Contribution:				
City State Zip Cocupation* Employer* Phone Cell Phone Fax E-mail Amount of Contribution:				
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Amount of Contribution:				
□ \$5 □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 ☒ Other ♣ 4,0 ▷○ Federal laws limit contributions to \$2,000 per election for each individual.				
© One time contribution ☐ Recurring contribution				
Contribution for: Primary Election General Election(If less than \$2,000				
please check primary election. If over \$2,000 check both primary and general) Select Payment type: Check □ Visa □ Mastercard □ Amex □ Discover				
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📝 confirm that the following statements are true and accurate:				
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3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not				
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*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Please make checks payable to: Mike Gabbard Congress NAME
EMPLOYER Self
OCCUPATION Free lance Photographer
ADDRESS
CITY Kailes STATE H ZIP 96734
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$2,000_ 00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature Commonwealth Signature
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Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734	
Please make checks payable to: Mike Gabbard Congress NAME STEPHEN OSDOTNE	
EMPLOYER Self-employed	•
OCCUPATION CONDENSER	
ADDRESS P.O. BOX 1325	,
CITY Pahool STATE Hi ZIP96778	•
HOME PHONE	
OFFICE PHONE	
FAX	
EMAIL	
Contribution Amount (check or credit card) \$ 3,000.00	,
Please check one: Contribution for X Primary Election X General Election \$2,000 please check primary election. If contributing over \$2,000 general election)	ection 3 please check both primary and
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I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature	
Federal Election law requires Mike Gabbard Congress to report the name, ma	ailing address, occupation and name

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		E.J.	0'Shaud	innessy	
		Name			
		Address Honi	olula	HT	96822
	Here	City Retir	ed.	State	e Zip
		Occupation*		Employer*	
		Phone		Cell Phone	
		Fax		E-mail	· · · · · · · · · · · · · · · · · · ·
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					sued to anyone else.
		5) I am at least 1	8 years of age. (Re	ally . 823	
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,		Paid for by Frie	nds of Gabbard	Tel: (808)	263-2888

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Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress NAME MON 100150
EMPLOYER
OCCUPATION Retired
ADDRESS
CITY Kailua STATE HI ZIP 96734
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$ 300,00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Arnex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature Signature
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•	Mike Gabbard Congress 305 Hahani Street #183
	Kailua, HI 96734
	Please make checks payable to: Mike Gabbard Congress NAME
	EMPLOYER SELF EMPLOYED
	OCCUPATION_LANDSCAPER_
	ADDRESS
	CITY Makawao STATE Hi ZIP 96768
	HOME PHONE
	OFFICE PHONE
	FAX .
(12)	EMAIL
(() r=4	Contribution Amount (check or credit card) \$ 2000.00
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ivinke Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734
NAME Alison Riggs
EMPLOYER Gity + County of Hundrila
OCCUPATION Legislative Adde
ADDRESS PO BOX 3529
CITY HONOLU STATE HI ZIP 96811
HOME PHONE
OFFICE PHONE 527-6810
FAX
,, EMAIL_
Contribution Amount (check or credit card) \$ \(\frac{4}{500} \)
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and eneral election)
Circle Payment type: Check Visa Mastercard Amex Discover .
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NAMERobert Riggs, Jr.
EMPLOYER County of Honolulu
OCCUPATION research analysis
ADDRESS_ P.O. B=x 3529
CITY Haralulu STATE HI ZIP
HOME PHONE
OFFICE PHONE
FAX
EMAIL_
Contribution Amount (check or credit card) \$
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
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CITY Honoluly STATE HE ZIP 91826
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
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5) I am at least 18 years of age.
Signature July 1997
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EMPLOYER SOUND CONSTRUCTION CO
OCCUPATION CONTRACTOR
ADDRESS P.O BOX 6705
CITY H(h) STATE HI ZIP 96720
HOME PHONE
OFFICE PHONE (808) 640-1563
FAX
EMAIL
Contribution Amount (check or credit card) \$ \$41000
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expireswear
Signature
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Signature Salph flooling fr
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EMPLOYER C+S Marketing
OCCUPATION Computer Programer
ADDRESS.
CITY SOCKA MENTO STATE CA ZIP 95818
HOME PHONE
OFFICE PHONE
FAX
EMAJL
Contribution Amount (check or credit card) \$ 9000.00
Please check one: Contribution for X. Primary Election Y. General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident afien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age. Signature
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689-7528

Us: ITP

95

Send this page with a check check via US mail to: Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734 Please make checks payable to: Mike Gabbard Congress Juzanne Sana **EMPLOYER** OCCUPATION **ADDRESS** HOME PHONE OFFICE PHONE **EMAIL** Contribution Amount (check or credit card) \$ 4,000.00 Contribution for X Primary Election Please check one: (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Check Visa Mastercard Amex Discover Circle Payment type: Credit Card Number month year Expires Signature I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at leas(18 years of age. Signature_

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Andrew Santoro

(Campaign still waiting to receive contribution form.)

Please complete and fax back to: (808) 261-5331.

NAME	Harry Sounders
EMPLOYER_	Castle & Cooke Hawaii
OCCUPATION	President
ADDRESS_	
CITYM	ililani STATE HI ZIP 96789
Contribution Ar	mount (check or credit card) \$ 1,000.

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of age.

Signature

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Friends of Gabbard 305 Hahani Street #183 Kailua, HI 96734

Please make checks payable to: Friends of Gabbard

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NAME Haron Sherer
EMPLOYER Shingle Springs Nissan-Subary
OCCUPATION Giles
ADDRESS
CITY PROGRUILLE STATE (4 ZIP 956-67
HOME PHONE
OFFICE PHONE
FAXEMAIL
Contribution Amount (check or credit card) \$ 4000
Contribution for Primary Election General Election(If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
Expiresmonthyear
Signature
I confirm that the following statements are true and accurate:
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Signature
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	Mike Gabbard-Congress 305 Hahani Street #183 Kailua, HI 96734
	NAME DIANS Sherer
	NAME Diana Sherer EMPLOYER Self-emplayed
	OCCUPATION Trans: tor
	ADDRESS
	CITY PIECEVILLE STATE CA ZIP 95667
	HOME PHONE_
-	OFFICE PHONE
	FAX 530-647-8340
¢¢	EMAIL
Ared Len	Contribution Amount (check or credit card) \$ 1000,
142	Please check one: Contribution for — General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and peneral election)
0	Circle Payment type: Check Visa Mastercard Amex Discover
C)	Credit Card Number
	Expiresmonthyear
	Signature
	I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

	-		
Signature_	SNSICI.	Shere	

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

	Albert Shizem	ya	
Name			
Address	Honolulu	HI	96825
City	PVT Landfill	Operator	Zip
Occupation	on*	Employer*	
Phone		Cell Phone	
Fax		E-mail	
□ \$5 Federal	t of Contribution: ☐ \$10 ☐ \$25 ☐ \$50 laws limit contributions to \$2, time contribution ☐ Re	☐ \$100 ☐ \$250 反 C 000 per election for each curring contribution	other <u>\$4,000</u> individual.
please o	oution for: ☑ Primary Election check primary election. If over Payment type: ☐ Check ☐	\$2,000 check both prima	ary and general)
Card Nun	nber		Expiration
1) I am a 2) I am a 3) I am a 4) I am a with a c	firm that the following state a United States citizen or a permaking this contribution from not a federal contractor. making this contribution on my orporate or business credit called the state of the	ermanent resident alien. my own funds, and not th y own personal check or	ose of another.
 Sigr	Old C	ym	
and name calendar	Election law requires Friends of Ga e of employer for each individual wh year Your contribution will be used and prohibitions of the Federal Fle	ose contributions aggregate in connection with Federal ele	n excess of \$200 in a ections and is subject to

Tel: (808) 263-2888

Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Carl Simons

(Campaign still waiting to receive contribution form.)

Contribute to N'ke!

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

ANDY SMIT	7+	
Name PO ROX 10	929	
Address HILO	H1 (- 96721
Governor's Liaison	State of V	Zip
Occupation*	Employer*	/~wa11
Pnone	Ceil Phone	
Fax	E-mail	
Federal laws limit contributions to \$2,	curring contribution General Election(If I	individual.
Select Payment type:		
Card Number		Expiration
☑ I confirm that the following state	ements are true and acc	urate:
1) I am a United States citizen or a pe		
2) I am making this contribution from	my own funds. and not the	ose of another.
3) I am not a federal contractor.	,	P1
4) I am making this contribution on m		
with a corporate or business credit ca	ird or a credit card issued	to anyone eise.
5) I am at least 18 years of age.		•
Aly Sil	<u>·</u>	
*Federal Election law requires Friends of Ga and name of employer for each individual wh calendar year. Your contribution will be used the limits and prohibitions of the Federal Elec Gabbard are not deductible for federal incom	nose contributions aggregate in in connection with Federal election Campaign Act. Contribut	excess of \$200 in a ections and is subject to

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Tel: (808) 263-2888

Michael Sober

(Campaign still waiting to receive contribution form.)

Please complete and fax back to: (808) 261-5331.

NAME JESSE C. Spencer
EMPLOYER SPENCES Homes
occupation Contractor
ADDRESS_
CITY Kihei STATE Hi ZIP 96753
Contribution Amount (check or credit card) \$

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- 5) I am at least 18 years of age.

Signature Jose . Spenser

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes.

604 142183

Contribute to Mike!

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

	Make ch	ecks payable to:	Friends of Gabbard
	Joyce	Spenc	er
Name	P. O. Box	97	
Address	Kihei		HI 96753
City How	ne maker		State Zip
Occupation ⁴		Em	ployer*
Phone	•	C	ell Phone
Fax		E	-mail
S5 CF Federal la CF One tire Contribut please che	ws limit contribution me contribution ion for: CPrimary eck primary election	s to \$2,000 per e Recurring of Election GGer If over \$2,000 of	S250 Other 44,000 election for each individual. contribution neral Election(If less than \$2,000 check both primary and general) Mastercard Amex Discover
Card Number	er		Expiration
XI confir	m that the following	a statements a	re true and accurate:
	Jnited States citizen		
			unds, and not those of another.
3) I am no	t a federal contracto	r. ·	
			rsonal check or credit card and not
•			redit card issued to anyone else.
5) I am at I	least 18 years of ag	e.	
Signat	Jayo &	encer	
and name of calendar yea the limits and Gabbard are	f employer for each indi ar. Your contribution will d prohibitions of the Fed e not deductible for fede	vidual whose contril be used in connect deral Election Camp ral income tax purp	•
Paid for b	y Friends of Gabl	pard	Tel: (808) 263-2888

Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard Name	Address + Chekin WL 98852 City Stewart Investigations State Investigations	Phone Cell Phone Fax E-mail	Amount of Contribution: □ \$5 □ \$10 □ \$25 □ \$50 □ \$100 □ \$250 ☒ Other ⊇ 1000 0 Federal laws limit contributions to \$2,000 per election for each individual. □ One time contribution □ Recurring contribution	Contribution for: ★Primary Election ☐ General Election(If less than \$2,000 please check primary election. If over \$2,000 check both primary and general) Select Payment type: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover
--------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Expiration $oxtimes \mathcal{U}$ confirm that the following statements are true and accurate: Card Number

1) I am a United States citizen or a permanent resident alien.

- 2) I am making this contribution from my own funds, and not those of another.
 3) I am not a federal contractor.
- 4) I am making this contribution on rhy own personal check or credit card and not with a corporate of business credit card or a credit card issued to anyone else. 5) I am at least #6 years of age.

Signature

the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of *Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation calendar year. Your contribution will be used in connection with Federal elections and is subject to and name of employer for each individual whose contributions aggregate in excess of \$200 in a Gabbard are not deductible for federal income tax purposes

Paid for by Friends of Gabbard

Tel: (808) 263-2888

106

Send this page with a check check	/ia US mail to:
Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734	

	Please make checks payable to: Mike Gabbard Congress NAME SHUEWO
	EMPLOYER ON My Godl
	OCCUPATION Wholesale Manager
	ADDRESS
	CITY Karlaa STATE H ZIP 96734
	HOME PHONE
	OFFICE PHONE
	FAX
	Contribution Amount (check or credit card) \$
	Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
)	Circle Payment type: Check Visa Mastercard Amex Discover
	Credit Card Number Expiresmonthyear
	Signature
	I confirm that the following statements are true and accurate:
	1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor.
	4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
,	5) I am at least 18 years of age.
λ	Signature
	Federal Election law requires Mike Gábbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the

Federal Election Campaign Act.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Jeffrey Stone.

(Campaign still waiting to receive contribution form.)

Contribute to Mike!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

G L . Truco	C to, I ficind of Cabbard	
<u>eaubros</u> ruma	1 0	
Po Box 223	1	
Address Sura Reach	#1 96706	
Graphic Artist	Self symployed	
Occupation*	Employer	
Phone	Cell Phone	
Fax	E-mail	
Amount of Contribution:	# 0000	
 \$5 \$10 \$25 \$50 \$		
Federal laws limit contributions to \$2,000 p	per election for each individual.	
☐ One time contribution ☐ Recurri	ing contribution	
Contribution for: ✓ Primary Election □	General Election(If less than \$2,000	
please check primary election. If over \$2,0		
Select Payment type: Check Vis		
Card Number	Expiration	
☑ confirm that the following statemen	ts are true and accurate:	
1) I am a United States citizen or a permar		
2) I am making this contribution from my or	wn funds, and not those of another.	
3) I am not a federal contractor.		
4) I am making this contribution on my own personal check or credit card and not		
with a corporate or business credit card or	a credit card issued to anyone else.	
5) I am at least 18 years of age.		
1 de sal		
Signature		

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

689-7529

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Please print and fax this page to: 808-261 5331

Gabbard for Congress 305 Hahani Street #183Kailua, HI 96734

NAME Tulasi Gabbard Tamayo
EMPLOYER Stole of Hawaii
occupation State legislator
ADDRESS P.O. Box 2237
CITY Eur Beach STATE HI ZIP 96 706
HOME PHONE
OFFICE PHONE
FAXEMAIL
Contribution Amount (check or credit card) \$
Circle Payment type
Check Visa Mastercard Amex Discover
Credit Card Number
Expires month year
Signature Julan Hallera Jamays
confirm that the following statements are true and accurate:
1) I am a United States citizen or a permanent resident alien.
2) I am making this contribution from my own funds, and not those of another,
3) I am not a federal contractor,
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.
5) I am at least 18 years of age. Signature Sulau Sallan Suraus
Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal election Campaign

Act Contributions or gifts to Gabbard for Congress are not deductible for federal income tax purposes
Paid for by Gabbard for Congress

Nov 10 04 10:17a

Please complete and fax back to. (808) 261-5331.

NAME POW TEMPLOYER TAC	ayor	,	
EMPLOYER TAC	May lor's	deal they	Homes
OCCUPATION	interior	Desna	ner
ADDRESS			
CITY S. h Javal	SOOTO STA	TE VI ZIP_	05355
Contribution Amount	ahaal, as asadii aasa	1. <i>0</i> 00)

I confirm that the following statements are true and accurate

- 1) I am a United States citizen or a permanent resident alien.
- 2) I arm making this contribution from my own funds, and not those of another
- 3) I am not a federal contractor.
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else
- 5) I am at least 18 years of age.

Signature Tay Tay To

Federa: Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Contribute to M.ke!

Please include this form with a check and send to:
Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734
Make checks payable to: Friends of Gabbard

Chintamani Ti	teamb
Namo	
Address.	HI 96734
City	State Zip Soles
Self Employed	Noni Connection - Bookeer
() 3 3 16 6 10 10 1	EMPR- 4919
rnone	Cell Phone
Fax	E-mail
Amount of Contribution:	
	50 \$100 \$250 Other
	to \$2,000 per election for each individual.
	☐ Recurring contribution
Contribution for: Primary El	ection General Election(If less than \$2,000
	f over \$2,000 check both primary and general)
Select Payment type:	ck □ Visa □ Mastercard □ Amex □ Discover
Card Number	Expiration
1) I am a United States citizen o	statements are true and accurate:
•	from my own funds, and not those of another.
3) I am not a federal contractor.	nom my own lands, and not those of another.
•	on my own personal check or credit card and not
	dit card or a credit card issued to anyone else.
5) I am at least 18 years of age.	' ,
- A C	
Q	
Signature	Mr.
	of Gabbard to report the name, mailing address, occupation

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

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Tel: (808) 263-2888

	Send this page with a check check via US mail to:
	Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734
	Please make checks payable to: Mike Gabbard Congress NAME
	EMPLOYER City + County of Honolulu
	OCCUPATION_FIREMAN
	ADDRESS_
	CITY Lailua STATE H7 ZIP 96734
	HOME PHONE
	OFFICE PHONE
	FAX
ſ	EMAIL
	Contribution Amount (check or credit card) \$ 3,000 - 00
	Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
	Circle Payment type: Check Visa Mastercard Amex Discover
)	Credit Card Number
ı	Expiresmonthyear
	Signature
	l confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
X	Signature (compa) Clean
	Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Send this page with a check check via US mail to: Mike Gabbard Congress 305 Hahani Street #183 Kaitua, HI 96734 Please make che OCCUPATION_ **ADDRESS** STATE 14' ZIP 96734 HOME PHONE OFFICE PHONE **EMAIL** Please check one: Contribution for Primary Election ___ General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election) Check Visa Mastercard Amex Discover Circle Payment type: (Credit Card Number month Expires Signature I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien.

2) I am making this contribution from my own funds, and not those of another.

3) I am not a federal contractor.

4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of

Signature / Current

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Send this page with a check check via US mail to:

Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734

Federal Election Campaign Act.

NAME TEVESO THOUSAND CONGRESS
EMPLOYER Noni Counselfion Inc.
OCCUPATION Vice President.
ADDRESS_
CITY Kailua STATE Hi ZIP 9673+
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$ 4000,00
Please check one: Contribution for Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Arnex Discover
Credit Card Number
Expiresyear
Signature
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident afien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions appreciate in excess of \$200 in a calendary service.

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Paid for by Mike Gabbard Congress

contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the

NAMEJoe A. Tully	
EMPLOYERTrue World Food	ds (thru October 31, 2004)
OCCUPATION Director of Spe	cial Projects
ADDRESS	
CITYHonolulu	STATE_HIZIP96738
Contribution Amount (check or ca	redit card) \$2,000.00
Loopfrom that the following states	monts are true and acquests:

I confirm that the following statements are true and accurate:

- 1) I am a United States citizen or a permanent resident alien.
- 2) I am making this contribution from my own funds, and not those of another.
- 3) i am not a federal contractor
- 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else.

5) I am at least 18 years of age.

Signature

Federal Election law requires Gabbard for Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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689-7528

Send this page with a check check via US mail to:

Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734

	Please make checks payable to: Mike Gabbard Congress NAME KOLO VICTO
	EMPLOYER Healthy's Inc
	occupation Manager
	ADDRESS_
	CITY HONOLULU STATE Hi ZIP 96822
	HOME PHONE
	OFFICE PHONE
	FAX
	EMAIL
J	Contribution Amount (check or credit card) \$ 1,000.00
	Please check one: Contribution forPrimary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
	Circle Payment type: Check Visa Mastercard Amex Discover
	Credit Card Number
	Expiresmonthyear
	Signature
	I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor. 4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
×.	Signature Peris III. Note

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each Individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

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Send this page with a check check via US mail to:

Mike Gabbard Congress 305 Hahani Street #183 Kailua, HI 96734

Please make checks payable to: Mike Gabbard Congress NAME_PIVSON_ULINDERG
EMPLOYER
OCCUPATION
ADDRESS_
CITY Camarillo STATE CA ZIP 930/2
HOME PHONE
OFFICE PHONE
FAX
EMAIL
Contribution Amount (check or credit card) \$ 2,000,00
Please check one: Contribution for Primary Election General Election If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)
Circle Payment type: Check Visa Mastercard Amex Discover
Credit Card Number
Expires month year \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Signature/ Mus /// Williams
I confirm that the following statements are true and accurate: 1) I am a United States citizen or a permanent resident alien. 2) I am making this contribution from my own funds, and not those of another. 3) I am not a federal contractor.
4) I am making this contribution on my own personal check or credit card and not with a corporate or business credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.
Signature / Mms / M Wenty
Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.
Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Contribute to Nike!

Please include this form with a check and send to: Friends of Gabbard. 305 Hahani Street #183Kailua, HI 96734 Make checks payable to: Friends of Gabbard

	cnecks payable to:	Friends of Gabbar	ra .
ERRY Wb	LITE		
Name			
Address Tricida	أزم	C #	95570
City		State Zip WENUKER	
Occupation*		loyer*	
Phone	Cel	Phone	
Fax	E-n	nail	
□ \$5 □ \$10 □ \$25 Federal laws limit contribution □ One time contribution Contribution for: ☆ Prima please check primary electi Select Payment type: □	ons to \$2,000 per ele Recurring co ry Election Gene on. If over \$2,000 ch	ection for each ind ontribution eral Election(If less eck both primary	ividual. s than \$2,000 and general)
Card Number		E	xpiration
I-confirm that the follow 1) I am a United States citiz 2) I am making this contribut 3) I am not a Sederal contract 4) I am making this contribut with a corporate or business 5) I am at least 18 years of	en or a permanent re tion from my own fur ctor. tion on my own pers s credit card or a cre	esident alien. nds, and not those onal check or cred	e of another.
Signature	gwhit		
Federal Flection law requires Fr	iends of Cabbard to rend	not the name mailing	addrace accumation

*Federal Election law requires Friends of Gabbard to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act. Contributions or gifts to Friends of Gabbard are not deductible for federal income tax purposes.

Paid for by Friends of Gabbard

Tel: (808) 263-2888

	305 Hahani Street #183 Kailua, HI 96734			
	NAME Bernard Wilkinson			
	EMPLOYER Island Energy Services			
	occupation Electrican.			
	ADDRESS			
	CITY KAILUA STATE HI ZIP 96734			
	HOME PHONE			
	OFFICE PHONE 722-4233			
	FAX			
<u>C</u>	EMAIL			
() ()	Contribution Amount (check or credit card) \$ 1,200.00			
22 4 22	Please check one: Contribution for X Primary Election General Election (If less than \$2,000 please check primary election. If contributing over \$2,000 please check both primary and general election)			
09	Circle Payment type: Check Visa Mastercard Amex Discover			
ርህ	Credit Card Number			
	Expiresmonthyear			
	Signature			
	I confirm that the following statements are true and accurate:			
	 I am a United States citizen or a permanent resident alien. I am making this contribution from my own funds, and not those of another. 			
	3) I am not a federal contractor.4) I am making this contribution on my own personal check or credit card and not with a corporate or business			
	credit card or a credit card issued to anyone else. 5) I am at least 18 years of age.			
	Signature BBUU'lk			
	·····································			

Send this page to:

Mike Gabbard Congress

of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution will be used in connection with Federal elections and is subject to the limits and prohibitions of the Federal Election Campaign Act.

Federal Election law requires Mike Gabbard Congress to report the name, mailing address, occupation and name

Contributions or gifts to Mike Gabbard Congress are not deductible for federal income tax purposes.

Please print and fax this page to: 808-261 5331

NAME_Simon Williams		
EMPLOYER		" j"
occupation retired		. , .
ADDRESS	(e : d)	
CITY San Francisco STATE (A ZIP 9411)		
HOME PHONE		
OFFICE PHONE		
FAXEMAIL		
Contribution Amount (check or credit card) \$		
Circle Payment type	3.	
Check Visa Mastercard Amex Discover		
Credit Card Number		
Expiresmonthyear		
Signature		
I confirm that the following statements are true and accurate:		
1) I am a United States citizen or a permanent resident alien.		
2) I am making this contribution from my own funds, and not those of another.		
3) I am not a federal contractor.		} }
4) I am making this contribution on my own personal check or credit card and not with a or business credit card or a credit card issued to anyone else.	corpor	ate
5) I arm at least 18 years of age.		
Signature (can		1.2
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